



Attorney Docket No. 032904-001 Patent AP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Einar STEFANSSON

Application No.: 09/925,659

Filing Date: August 10, 2001

Title: METHOD FOR THE PREVENTION AND TREATMENT OF RETINOPATHY

REPLY UNDER 37 C.F.R. 1.116 -
EXPEDITED PROCEDURE -
TECHNOLOGY CENTER 1600

Group Art Unit: 1614

Examiner: ZOHREH A FAY Corres. and Mail

Confirmation No.: 4462

BOX AF

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

☒ A Petition for Extension of Time is also enclosed.

☐ Terminal Disclaimer(s) and the ☐ fee per
Disclaimer due under 37 C.F.R. § 1.20(d) are also enclosed.

☒ Also enclosed is/are a Declaration Pursuant to 37 C.F.R. 1.132 and copies of ten (10) references

☐ Small entity status is hereby claimed.

☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the
☐ fee due under 37 C.F.R. § 1.17(e).

☐ Applicant(s) requests that any previously unentered after final amendments not be entered.
Continued examination is requested based on the enclosed documents identified above.

☐ Applicant(s) previously submitted _____
on _____
for which continued examination is requested.

☐ Applicant(s) requests suspension of action by the Office until at least _____,
which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R.
§ 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also
enclosed.

- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below.

AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	32	MINUS 50 =	0	x (1202) =	\$ 0.00
Independent Claims	2	MINUS 3 =	0	x (1201) =	\$ 0.00
If Amendment adds multiple dependent claims, add					
Total Claim Amendment Fee					\$ 0.00
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					\$ 0.00
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					\$ 0.00

- ☐ A check in the amount of _____ is enclosed for the fee due.
- ☐ Charge _____ to Deposit Account No. 02-4800.
- ☐ Charge _____ to credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: May 23, 2005

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Patent
Attorney's Docket No. 032904-001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Patent Application of

Einar STEFANSSON

Application No.: 09/925,659

Filed: August 10, 2001

For: METHOD FOR THE PREVENTION
AND TREATMENT OF
RETINOPATHY

) **REPLY UNDER 37 C.F.R. 1.116 –**
) **EXPEDITED PROCEDURE –**
) **TECHNOLOGY CENTER 1600**
) **MAIL STOP AF**
)
) Group Art Unit: 1614
)
) Examiner: Zohreh A. Fay
)
) Confirmation No.: 4462
)
)

**REPLY AND AMENDMENT
FOLLOWING FINAL REJECTION**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In complete response to the Office Action/Final Rejection dated December 21,
2004, please first amend the above-identified patent application as follows: